

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> 0033-0971PUS1	
<b>Application Number</b> 10/519,477-Conf. #2658		<b>Filed</b> December 30, 2004	
<b>For</b> MOBILE PHONE EQUIPMENT			
<b>Art Unit</b> 2622		<b>Examiner</b> A. R. Hsu	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$130	\$65      \$ 130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$490	\$245      \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1110	\$555      \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1730	\$865      \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2350	\$1175      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,327</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number, if acting under 37 CFR 1.34 _____			
_____ Signature		_____ May 8, 2009 Date	
_____ Catherine M. Voisinot Typed or printed name		_____ (703) 205-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			